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REPORT
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TUBERCULOSIS PROGRAM REAUTHORIZATION ACT OF 1990

JULY 17 (legislative day, JULY 10), 1990.—Ordered to be printed

Mr. KENNEDY, from the Committee on Labor and Human Resources, submitted the following

REPORT

[To accompany S. 2630]

The Committee on Labor and Human Resources, to which was referred the bill (S. 2630) to amend the Public Health Service Act to extend the tuberculosis program and for other purposes, having considered the same, reports favorably thereon without amendment and recommends that the bill do pass.

CONTENTS

	Page
I. Summary of the bill	1
II. Background and need	2
III. Text of the bill	3
IV. Committee views	4
V. Committee action	5
VI. Cost estimate	5
VII. Regulatory impact statement	7
VIII. Section-by-section anlaysis	7
IX. Changes in existing law	7

I. SUMMARY OF THE BILL

As reported by the committee, S. 2630 reauthorizes the tuberculosis program under section 317 of the Public Health Service Act through FY 1995. The bill amends the authorizing language for the program to specify that the preventive health service programs for tuberculosis under section 317 are intended for the prevention, control, and elimination of the disease.

S. 2630 also requires the Secretary of Health and Human Services, not later than September 30, 1994, to prepare and submit a

S543-13

report on the implementation of the recommendations of the Advisory Committee for the Elimination of Tuberculosis.

II. Background and Need for the Legislation

Although modern medicine has considered tuberculosis a curable and preventable disease for more than a quarter of a century, the disease continues to be a public health problem in the United States. Even a surge in the incidence of the disease among the large influx of refugees from Southeast Asia in the late 1970s and early 1980s did not halt the steady decline in tuberculosis morbidity that began in the early 1950s—a decline that saw the number of reported cases fall from 55,494 cases in 1960 to 22,210 in 1985. This downward trend halted in 1986 when the number of reported cases rose to 22,768—the first increase in the number of indigenous tuberculosis cases since national reporting began in 1953. The decline in the number of reported cases resumed in 1987 and 1988, but the battle against this disease is clearly not close to victory.

The increase in the number of tuberculosis cases in recent years is due, at least in part, to the occurrence of the disease among persons infected with Human Immunodeficiency Virus (HIV). HIV infection appears to have increased the incidence of tuberculosis by causing immunosuppression which allows latent tuberculosis infection to progress to clinically apparent disease. This new development is a clear threat to tuberculosis elimination efforts.

In addition to the resurgence of the disease among HIV-infected persons, tuberculosis continues to strike hard at some of the most vulnerable members of our society—the economically disadvantaged and the medically underserved, with particularly devastating impact on minorities, the foreign-born, children, and the elderly. While tuberculosis case rates have progressively declined among both whites and nonwhites over the past 30 years, the decrease has been much less among nonwhites. Nearly two-thirds of tuberculosis now occur among racial and ethnic minorities. The disease is also common among immigrants, refugees, and migrant workers from high prevalence countries. In these patients, the organisms responsible for the disease are frequently resistant to the commonly-used antituberculosis drugs. If not recognized and managed appropriately, drug-resistant disease and infection may lead to failure of treatment or preventive treatment.

Tuberculosis strikes at children and elderly as well. More than 80 percent of childhood cases occur in minority groups. Among all racial ethnic groups and sexes, tuberculosis case rates are highest in the elderly. Although case rates are higher among the 5 percent of the elderly living in nursing homes, the majority of cases occur among the 95 percent of the elderly who live in the community.

The Congress in 1981, as part of the Omnibus Budget Reconciliation Act, P.L. 97-35, authorized categorical funding for tuberculosis prevention programs under section 317 of the Public Health Services Act. Funds appropriated under this authority have been used to award cooperative agreements to high incidence metropolitan areas, and to intensify health department tuberculosis outreach activities. Special emphasis has been placed on treating noncompliant patients by employing outreach workers to locate, motivate, and di-

rectly observe patients taking medication. Such activities are intended to prevent the transmission of infection to others, to avoid the development of drug resistence, and to eliminate the need for hospitalization. Some health departments participating in the program have reported a savings in hospital costs of $3 to $4 for each $1 spent for directly observed therapy.

In an effort to focus attention on the fight against the disease, the Secretary of Health and Human Services in 1987 established an Advisory Committee for Elimination of Tuberculosis to provide recommendations for the development of new technology, application of prevention and control methods, and management of State and local tuberculosis targeted toward the elimination of the disease as a public health problem.

The Advisory Committee issued its report in 1988 recommending that the Nation establish the goal of tuberculosis elimination (a case rate of less than 0.1 per 100,000 population) by the year 2010, with an interim target of a case rate of 3.5 per 100,000 population by the year 2000. The case rate for 1988 is 9.13. The committee listed three reasons for its belief that the goal can be achieved: (1) tuberculosis is retreating into defined focal pockets; (2) the revolution in biotechnology has the potential for generating better diagnostic, treatment, and prevention modalities; and (3) computer, telecommunications, and other technologies have the potential for enhancing technology transfer.

Declaring that "It is time to commit to a tuberculosis free society," the committee developed a plan with the following three action steps:

Step 1: More effective use of existing prevention and control methods, especially in high-risk populations;

Step 2: The development and evaluation of new technologies for treatment, diagnosis, and prevention; and

Step 3: The rapid assessment and transfer of newly developed technologies into clinical and public health practice.

The committee, in its report, admitted that the task of achieving a tuberculosis free society "will not be an easy one; it will require considerable commitment at all levels." The committee concluded that "The challenge to carry out this plan is a test of our willingness and ability as a society to respond to a very serious health problem which disproportionately affects its 'disenfranchised' members. A great Nation such as ours can carry out this plan."

III. Text of the Bill

[S. 2630, 101st Cong., 2d Sess.]

A BILL To amend the Public Health Service Act to extend the tuberculosis program, and for other purposes

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Tuberculosis Program Reauthorization Act of 1990".

SEC. 2. EXTENSION OF PROGRAM OF GRANTS FOR PREVENTIVE HEALTH SERVICES WITH RESPECT TO TUBERCULOSIS.

(a) PROGRAM FOR ELIMINATING TUBERCULOSIS.—Section 317 of the Public Health Service Act (42 U.S.C. 247b) is amended—

(1) in subsection (j)(2), in the first sentence, by striking "preventive health service programs for tuberculosis" and inserting the following: "preventive health service programs for the prevention, control, and elimination of tuberculosis"; and

(2) in subsection (k)(2), in each of subparagraphs (A) through (D), by striking "prevention and control" each place such term appears and inserting "prevention, control, and elimination".

(b) AUTHORIZATION OF APPROPRIATIONS.—Section 317(j)(2) of the Public Health Service Act (42 U.S.C. 247b(j)(2)) is amended in the first sentence by striking "and" after "1989,", and inserting before the period the following: ", $36,000,000 for fiscal year 1991, and such sums as may be necessary in each of the fiscal years 1992 through 1995".

SEC. 3. REPORT.

Not later than September 30, 1994, the Secretary of Health and Human Services shall prepare and submit, to the Committees on Energy and Commerce and Appropriations of the House of Representatives and the Committees on Labor and Human Resources and Appropriations of the Senate, a report concerning the implementation of the recommendations of the Advisory Committee for the Elimination of Tuberculosis.

IV. COMMITTEE VIEWS

The Committee recognizes that there is an alarming trend of increasing cases of tuberculosis (TB) within certain regions and among certain populations of the United States.

An estimated 10 million Americans are infected with TB and about two-thirds of the active cases are blacks and Hispanics between the ages of 25 and 45. Among children less than 15 years of age, 85 percent of the cases are from these minority populations. In addition, there is an extremely high prevalence of TB among IV drug users and persons with HIV disease. The immunosuppression characteristic of HIV disease allows latent tuberculosis infection to progress to clinically active, contagious TB, which then expands the reservoir of transmissible TB within the susceptible communities.

Other potentially high risk groups include the elderly in nursing homes and the homeless. During 1988, 27 percent of reported TB cases occurred in the elderly while data from selected areas show that a high proportion of homeless have TB and up to 50 percent have latent TB infection.

The Committee supports the "Strategic Plan for the Elimination of Tuberculosis in the United States by the Year 2010" developed by the Advisory Committee for the Elimination of Tuberculosis and the CDC and endorsed by the Secretary of the Department of Health and Human Services.

However, the Committee also recognizes that the elimination of TB within the geographic "pockets" or high incidence areas and among the high risk populations must be a collaborative effort be-

tween Federal, State and local governments. The Committee supports the expansion of existing prevention and control methods in high risk populations; the development and evaluation of new treatment, diagnostic, and prevention technologies; and the transfer of newly developed methods and technologies into clinical and public health practice.

The Committee supports the continuation of funding awards to States and local health departments, academic institutions, community-based organizations and public health providers. Authorized levels provide for directly supervised therapy (a cost-effective method) for non-compliant patients; rapid reporting of cases; increased services to high risk groups such as the homeless, foreign-born and HIV infected; advancement of diagnostic tools, including testing and new medicines.

The Committee anticipates that the grant award options (cooperative agreements, contracts) will continue to address other national objectives such as reducing health care costs and building capacity in State and local health departments in conjunction with CDC efforts to prevent, control and ultimately eliminate TB. Funds can be targeted to high incidence areas and to hire outreach workers whose primary function would be to provide services and conduct directly observed therapy. Early diagnosis and prevention therapy substantially reduce the risk of developing active TB among those with latent infection, and are essential to minimize spread among persons with HIV disease and within other vulnerable populations.

Authorization is given for technology transfer in the form of education and training of clinicians and service providers. Authorization for research activities is continued for the development of more expedient diagnostic tests and preventive medicines.

Finally, the Committee acknowledges that activities must be expanded to better identify and serve the TB/HIV patient. Such activities include: increased ability to study prevalence of TB among HIV seropositive and seronegative IV drug users; determining the risk of TB among HIV positive persons with positive TB skin tests; development of appropriate treatments and effective prevention methods.

V. Committee Action

On May 16, 1990 the Committee met to consider S. 2630 and agreed unanimously to report S. 2630 to the Senate.

VI. Cost Estimate

U.S. Congress,
Congressional Budget Office,
Washington, DC, June 13, 1990.

Hon. Edward M. Kennedy,
Chairman, Committee of Labor and Human Resources,
U.S. Senate, Washington, DC.

Dear Mr. Chairman: The Congressional Budget Office has prepared the attached cost estimate for S. 2630, the Tuberculosis Program Reauthorization Act of 1990, as ordered reported by the

Senate Committee on Labor and Human Resources on May 16, 1990.

If you wish further details on this estimate, we will be pleased to provide them.

Sincerely,

ROBERT F. HALE
(For Robert D. Reischauer, Director).

Attachment.

CONGRESSIONAL BUDGET OFFICE COST ESTIMATE

1. Bill number: S. 2630.
2. Bill title: Tuberculosis Program Reauthorization Act of 1990.
3. Bill status: As ordered by the Senate Committee on Labor and Human Resources on May 16, 1990.
4. Bill purpose: To amend the Public Health Service Act to extend the tuberculosis program, and for other purposes.
5. Estimated cost to the Federal Government:

[By fiscal years, in millions of dollars]

	1991	1992	1993	1994	1995
Estimated authorization levels:					
Grants	36	37	39	41	42
Report				(1)	
Total estimated authorization levels	36	37	39	41	42
Total estimated outlays	19	30	36	40	41

[1] Less than $500,000

The costs of this bill fall within budget function 550.

Basis of Estimate

S. 2630 would reauthorize federal funds to assist states and local areas to establish and maintain preventive health services, research, demonstration, and education programs for the prevention, control, and elimination of tuberculosis. The bill authorizes $36 million in 1991 for these activities. For 1992 to 1995, the bill authorizes such sums as may be necessary. CBO has estimated the 1992 to 1995 authorization levels by increasing the 1991 authorization by projected inflation.

In addition, the bill would require the Secretary of Health and Human Services (HHS) to report on the implementation of the recommendations of the Advisory Committee for the Elimination of Tuberculosis by the end of fiscal year 1994. Based on information provided by the staff at the Center for Disease Control, CBO estimates the report would cost $150,000 in fiscal year 1994.

This estimate assumes that all authorizations are fully appropriated at the beginning of each fiscal year. Outlays are estimated using spendout rates computed by CBO on the basis of recent program data.

6. Estimated cost to State and local government: None.
7. Estimate comparison: None.
8. Previous CBO estimate: None.
9. Estimate prepared by: Karen Graham.

10. Estimate approved by: C.G. Nuckols, for James L. Blum, Assistant Director for Budget Analysis.

VII. Regulatory Impact Statement

The Committee has determined that there will be a minimal amount of regulatory burden and paperwork. Designated tuberculosis prevention activities are already taking place in the CDC and those activities will continue without need for regulation changes. The Secretary is required to submit a report no later than September 30, 1990 to the appropriate Committees of Congress on the implementation of the recommendations of the Advisory Committee for the Elimination of Tuberculosis.

VIII. Section-by-Section Analysis

Section 1 of the bill cites the title of the Act as the "Tuberculosis Program Reauthorization Act of 1990."

Section 2(a) of the bill amends section 317 of the Public Health Service Act:

(1) in subsection (j)(2), by striking the term "preventive health service programs for tuberculosis" in the first sentence and replacing it with "preventive health service programs for the prevention, control, and elimination of tuberculosis"; and

(2) in subsection (k)(2) (A) through (D), by striking "prevention and control" and inserting "prevention, control, and elimination."

Section 2(b) of the bill amends section 317(j)(2) of the Act to authorize appropriations for the tuberculosis program of $36 million for FY 1991 and such sums as may be necessary in each of FY 1992 through FY 1995.

Section 3 of S. 2630 directs the Secretary of Health and Human Services, not later than September 30, 1994, to prepare and submit, to the House Committees on Energy and Commerce and Appropriations and the Senate Committees on Labor and Human Resources and Appropriations, a report concerning the implementation of the recommendations of the Advisory Committee for the Elimination of Tuberculosis.

IX. Changes in Existing Law

In compliance with rule XXVI paragraph 12 of the Standing Rules of the Senate, the following provides a print of the statute or the part or section thereof to be amended or replaced (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italic, existing law in which no change is proposed is shown in roman):

PUBLIC HEALTH SERVICE ACT

* * * * * * *

PROJECT GRANTS FOR PREVENTIVE HEALTH SERVICES

SEC. 317. (a) * * *

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(j)(1)(A) * * *

* * * * * * *

(2) For grants under subsection (a) for [preventive health service programs for tuberculosis,] *preventive health service programs for the prevention, control, and elimination of tuberculosis,* and for grants under subsection (k)(2), there are authorized to be appropriated $24,000,000 for fiscal year 1988, $31,000,000 for fiscal year 1989, [and] $36,000,000 for fiscal year 1990, *$36,000,000 for fiscal year 1991, and such sums as may be necessary in each of the fiscal years 1992 through 1995.* Not more than 10 percent of the total amount appropriated under the preceding sentence for any fiscal year shall be available for grants under subsection (k)(2) for such fiscal year.

(k)(1) * * *

* * * * * * *

(2) The Secretary may make grants to States, political subdivisions of States, and other public and nonprofit private entities for—

(A) research into the [prevention and control] *prevention, control, and elimination* of tuberculosis especially research concerning strains of tuberculosis resistant to drugs and research concerning cases of tuberculosis that affect certain populations;

(B) demonstration project for the [prevention and control] *prevention, control, and elimination* of tuberculosis;

(C) public information and education programs for [prevention and control] *prevention, control, and elimination* of tuberculosis; and

(D) education, training, and clinical skills improvement activities in the [prevention and control] *prevention, control, and elimination* of tuberculosis for health professionals, including allied health personnel.

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